DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01040 CERTIFICATE OF DEATH First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Bertie Altvater L. Jan. 1968 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) Female Cauc. Oct.7,2587 requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED by the attending physician and campletely filled in transit permit. Then please remave carban papers. crematian, or remaval, and in any event, within 72 h Maryland and campletely filled in DIVORCED | Howard County WIDOWED T U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewile givestee addwellton Ave. INDUSTRY Ellicott City 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 13e. STREET AND NUMBER 624 S. 13b. COUNTY %%%xwxxxxxxxx.Lakewood Elligott 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle William McNeal Louise Walker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no or unknown) 213-54-2438 Miss Bertha G. Altvater 621 S. Lakewood Ave 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health priar to b has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? NO IV YES [ O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING LAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1955.7a 1-3, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN) 22e. ADDRESS NAME (Type) Duar M Moore and 3105 Belair Rd directar, shauld be 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) Easton Talbot Maryland Spring Hill 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15(4) Leonard J. Ruck Inc. 5305 Harford Rd. 30M REV. DATEAIN

MARYLAND STATE DEPARTMENT OF HEALTH

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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 hours after death Page 4 may be retained by the haspital ar attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fameal director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages — od should be filled with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death.		7a. E	IRTHPLACE (State or foreign try)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	Md.	
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de de de	3. 5	X 4. RACE	S. DAYE OF	BIRTH	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONOUN			2d. HOUR	
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01 2 2 10 H	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b, DATE			Y OR CREMATORY		d. LOCATION (City or	Tawn)		itate)	
6	26	REMOVAL (Specify)	1/17/6		Ellento	n Cem.		Clenton	DAGGERNANIC	Pa.		
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